837 Dental

This document is a field –by –field instructional help sheet. The fields are listed in a right to left format as they appear in the Provider Electronic Software. Examples of the values needed in order to process the claim are given. Those fields with " Not Required" listed as a value, are present on the claim per HIPAA regulations and are not needed in order to process the claim. This software will **not** allow you to save a claim with a required field missing, however this does not guarantee that your claim will pay, just that the basic information is present. Auto populated fields have the valid value already present and do not need to be entered. ** Represents a list that must be created in order to process the claim. Please see attachment for directions on how to create the lists.

Header 1

FIELD	VALUE
Claim Frequency	Is defaulted to 1 = new claim
Provider ID **	Your 7 digit billing provider number (Hint: this is the # on the top left corner of your Remittance Advice
Taxonomy Code	Not Required
Last/Org Name	Will be auto populated when the provider number is selected from the provider list and then you hit the tab button on your keyboard
First Name	Will be auto populated when the provider number is selected from the provider list and then you hit the tab button on your keyboard
Client ID **	This is the MID (commonly the Social Security number) of the client you are billing services for
Account Number	Not Required
Last Name	Will be auto populated when the client number is selected from the client list and then you hit the tab button on your keyboard
First Name	Will be auto populated when the client number is selected from the client list and then you hit the tab button on your keyboard
MI	Not Required
Medical Record #	Not Required
Signature on File	Auto – Populated to Y = Yes
Benefits Assignment	Auto – Populated to Y = Yes
Release of Medical Data	Auto – Populated to Y = Yes
Special Program Code	Not Required
Report Type Code	Not Required
Report Transmission Code	Not Required

HEADER 2

FIELDS	VALUE
Referring Provider SSN/Tax Id	Not Required unless treatment is a result of a referral. If that is the case the information will be auto populated when the provider number is selected from the other provider list and then you hit the tab button on your keyboard
Provider Id	Not Required unless treatment is a result of a referral. If that is the case the information will be auto populated when the provider number is selected from the other provider list and then you hit the tab button on your keyboard
Last/Org Name	Not Required unless treatment is a result of a referral. If that is the case the information will be auto populated when the provider number is selected from the other provider list and then you hit the tab button on your keyboard
First Name	Not Required unless treatment is a result of a referral. If that is the case the information will be auto populated when the provider number is selected from the other provider list and then you hit the tab button on your keyboard
MI	Not Required
Similar Illness Date	Not Required
Orthodontic Treatment Total months	Only if appropriate. For full banding it is 24 months.
Months Remaining	Is what is left for treatment time this particular claim
Placement Date	The date the appliances were placed on the client
Accident Related Causes	Not Required unless treatment is a result of an accident. If that is the case choose the most appropriate value from the drop down lists
Place of Service	Not Required on Header 2
Admission Date	Not Required
Discharge Date	Not Required
Other Insurance Ind.	Is auto populated to N = no This may be changed to Y = yes if billing Medical Assistance as a secondary * please see attachment for further instructions when billing secondary claims

SRV 1

From DOS	The date you are treating the client for this billing
To DOS	The date you stopped treating the client for this billing
Place of Service	Choose an appropriate value from the drop down list
Procedure	Is the service you are billing for
Modifiers	If applicable
Tooth	The tooth number if applicable
Surface	If applicable
Designation/Quadrants	Choose the most appropriate value from the drop down list
Placement Ind.	Not Required
Units	The number of times you provided the procedure
Billed Amount	The total dollar amount you are charging for the procedure

SRV 2

Rendering Provider Provider ID	Not Required unless you are a group. In which case this is the doctor within your group that did the services. The information will be auto populated when the provider number is selected from the provider list and then you hit the tab button on your keyboard
Taxonomy Code	Not Required
Last/Org Name	Will be auto populated when the provider number is selected from the provider list and then you hit the tab button on your keyboard
First Name	Will be auto populated when the provider number is selected from the provider list and then you hit the tab button on your keyboard
Anesthesia Quantity Qualifier	Not Required
Anesthesia Unit Count	Not Required